

Case Number:	CM14-0122965		
Date Assigned:	08/08/2014	Date of Injury:	12/30/2009
Decision Date:	10/09/2014	UR Denial Date:	06/30/2014
Priority:	Standard	Application Received:	08/04/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Illinois. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 47-year-old male who reported an injury on 12/30/2009 due to picking up a 70 pound trash barrel. Diagnoses were: status post left carpal tunnel release; bilateral rotator cuff impingement syndrome; right wrist carpal tunnel syndrome; low back syndrome; medial meniscus tear; bilateral knee chondromalacia patellae; bilateral shoulder sprain/strain, rule out internal derangement; bilateral knee sprain/strain, rule out internal derangement; insomnia; and anxiety. Past treatments were chiropractic treatment, and physical therapy. Diagnostic studies were MRI of the lumbar spine, EMG/nerve conduction velocity. Surgical history was status post left carpal tunnel release on 05/03/2013. Physical examination on 05/12/2014 revealed complaints of low back pain, right shoulder, left shoulder pain, right wrist pain, left wrist pain, right knee pain, and left knee pain. The injured worker's pain was rated anywhere from a 7/10 to 8/10. Range of motion for the lumbar spine was decreased. Tinel's sign and Phalen's test were positive bilaterally. Physical examination on 06/13/2014 revealed that the injured worker was having shortness of breath, likely secondary to anxiety. Lungs were clear to auscultation. There were no rales or wheezes appreciated. Medications were Prilosec, gaviscon, probiotics, and a [REDACTED] HFA inhaler. Treatment plan was to take medications as directed and a referral for a pulmonary consult. The rationale and Request for Authorization were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Referral for Pulmonary Consult: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Office Visits

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6, page 163

Decision rationale: The decision for Referral for Pulmonary Consult is not medically necessary. The American College of Occupational and Environmental Medicine Guidelines state that a consultation is intended to aid in the assessing the diagnoses, prognosis, therapeutic managing, determination of medical stability, and permanent residual loss and/or examinee's fitness to return to work. The rationale for the referral for a pulmonary consult was not submitted. Lungs were clear upon auscultation. It was not reported if the injured worker was short of breath all the time, or only during anxiety attacks. O2 saturation test was not reported. Therefore, the request for Referral for Pulmonary Consult is not medically necessary.

Probiotics #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MD Consult Drug Monograph

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Heart Association

Decision rationale: The decision for Probiotics #60 is not medically necessary. The California Medical Treatment Utilization Schedule, ACOEM and Official Disability Guidelines do not address probiotics. Other guidelines were researched. An article by the American Heart Association revealed probiotics are like microorganisms (naturally occurring bacteria in the gut) thought to have beneficial effects, common sources are yogurt or dietary supplements. The small collection of studies looked at suggest regular consumption of probiotics can be part of a healthy lifestyle to help reduce high blood pressure, as well as maintain healthy blood pressure levels. This includes probiotics in yogurt, fermented and sour milk and cheese and probiotic supplements. Analyzing results of 9 high quality studies examining the blood pressure and probiotic consumption in 543 adults with normal and elevated blood pressure, researchers found probiotic consumption lowered systolic blood pressure (the top number) by an average of 3.56 millimeters of mercury and diastolic (the lower number) by an average of 2.38 millimeters of mercury, compared to adults who didn't consume probiotics. The positive effects of probiotics on diastolic blood pressure were greatest in people whose blood pressure was equal to or greater than 130/85, which is considered elevated. Consuming probiotics for less than 8 weeks did not lower systolic or diastolic blood pressure. Probiotics with multiple bacteria lowered blood pressure more than those with a single bacteria. Additional studies are needed before doctors can confidently recommend probiotics for high blood pressure control and prevention. The request does not indicate why the injured worker was to take probiotics. This research article stated that this is still research. Therefore, the request is not medically necessary.

Labs GI Profile: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MedlinePlus

Decision rationale: The decision for Labs GI Profile is not medically necessary. The California Medical Treatment Utilization Schedule/ACOEM and Official Disability Guidelines do not address this request. Alternate guidelines had to be researched. MedlinePlus recommends for H. pylori infection, a breath test. Up to 2 weeks before the test you need to stop taking antibiotics, bismuth medicine such as Pepto Bismol, and proton pump inhibitors. During the test you swallow a special substance that has urea. Urea is a waste product the body produces as it breaks down urea. The urea used in the test has been made harmlessly radioactive. If H. pylori are present, the bacteria convert urea into carbon dioxide which is detected and recorded in your exhaled breath after 10 minutes. This test can identify almost all people who have H. pylori. It can also be used to check that the H. pylori infection has been fully treated. Another way for testing H. pylori is a blood test. Blood test are used to measure antibodies to H. pylori. Antibodies are proteins made by the body's immune system when it detects harmful substances such as bacteria. Blood test for H. pylori can only tell if your body has H. pylori antibodies. It cannot tell if you have a current infection or how long you have had it. This is because the test can be positive for years even if the infection is cured. As a result, blood tests cannot be used to see if the infection has been cured after treatment. Another test that can be used is a stool test. A stool test can detect traces of H. pylori in the feces. This test can be used to diagnose the infection and confirm it has been after treatment. The request submitted does not indicate what type of GI lab profile that is needed. Therefore, the request is not medically necessary.